

## EMPLOYMENT DEVELOPMENT DEPARTMENT APPEAL FORM

If you want to appeal a Department determination, please explain why you disagree and return this form to the Department using the office address listed on the enclosed notice. You have 20 days from the date of the notice to file an appeal. The 20-day period may be extended for good cause. Reasons for filing an appeal after 20 days must be explained and failure to do so may result in closure of your case.

Please note that claimants for Disaster Unemployment Assistance have 60 days to file an appeal. Employers who are appealing the Department's DE 3807 Notice of Determination or Assessment have 30 days to file an appeal.

I disagree with the Department's decision dated _____ because:	
(Attach an additional sheet if more space is required)	
<p><b>CLAIMANTS:</b> While your appeal is pending, you must continue to file a continued claim form for the period that you want to claim benefits. If you are found eligible, you can be paid only for periods for which you have filed continued claim forms and have met all other eligibility requirements. For more information on appeal hearings, visit <a href="http://www.cuiab.ca.gov/documents/hip_english.pdf">www.cuiab.ca.gov/documents/hip_english.pdf</a>.</p>	
<p><b>The following information must be provided by the party filing the appeal (Appellant) or an authorized agent of the party filing the appeal. Signature of the appellant or agent is required.</b></p>	
Do you need a translator? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give language and dialect: _____	
Appellant Name: _____	Appellant Telephone No.: (____) ____ - ____
Appellant Fax No.: (____) ____ - ____	Appellant Cell Phone No.: (____) ____ - ____
Appellant E-mail Address: _____	
Do you give permission for the California Unemployment Insurance Appeals Board to send confidential information regarding your appeal to this e-mail address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you give permission for the California Unemployment Insurance Appeals Board to send confidential information regarding your appeal to your cell phone number listed above by text message or voice mail so that information may be received sooner? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Appellant Mailing Address: _____	
Street No., Apt. No., or P.O. Box	City State ZIP Code
Claimant Name: _____	Employer Account Number: ____ - ____ - ____ (For employer appeal only)
Claimant Social Security Number: ____ - ____ - ____	
Agent Name (If applicable): _____	
Mailing Address: _____	
Street No., Apt. No., or P.O. Box	City State ZIP Code
<b>Signature</b> Appellant or Agent: _____ Date: _____	

## 就業發展局上訴書

就業發展局電話：  
 英語 1-800-300-5616  
 粵語 1-800-547-3506  
 普通話 1-866-303-0706  
 自助服務 1-866-333-4606  
 TTY（非語音） 1-800 815-9387

如果您想對就業發展局的裁決提出上訴，請說明您對該裁決不滿的原因，並按照隨附通知書所列的辦公地址將此份表格交給就業發展局。您可在通知日期起的 20 天內提出上訴。如有正當理由，該期限可延長。若在 20 天後提出上訴則必須說明原因，否則您的上訴可能不予受理。

請注意，災難失業救助的上訴期限是 60 天。對於就業發展局 DE 3807 裁決或評估通知提出上訴的期限是 30 天。

我不同意就業發展局於_____ 做出的裁決，理由如下：  	
（若空間不夠，請另附紙張）	
<b>索賠人：</b> 上訴等待期間，您應該為您要求索賠期間的福利繼續提交申請表格。如果符合資格，您僅可以獲支付您表格所申請期間的福利，而且要符合所有其他資格的要求。欲瞭解上訴聽證方面的其他資訊，請瀏覽 <a href="http://www.cuiab.ca.gov/documents/hip_english.pdf">www.cuiab.ca.gov/documents/hip_english.pdf</a>	
下列資訊需由提出上訴方（上訴人）或提出上訴方的授權代理人提供並署名。	
您需要翻譯嗎？ <input type="checkbox"/> 是 <input type="checkbox"/> 否 若需要，請指明您慣用的語言和方言：_____	
姓名：_____	電話： (____) ____ - ____
傳真： (____) ____ - ____	手機： (____) ____ - ____
電子郵件：_____	
您是否允許加州失業保險上訴委員會將有關您上訴的保密資訊寄到該電子郵箱？ <input type="checkbox"/> 是 <input type="checkbox"/> 否	
您是否允許加州失業保險上訴委員會將有關您上訴的保密資訊透過簡訊或語音郵件發送至您上述的手機號碼，以便您能更快收到資訊？ <input type="checkbox"/> 是 <input type="checkbox"/> 否	
上訴人郵寄地址 _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>街道號，公寓號，或信箱號碼</span> <span>城市</span> <span>州</span> <span>郵遞區號</span> </div>	
索賠人姓名： _____ 索賠人社會安全號碼： _____ - ____ - ____	雇主帳號： ____ - ____ - ____ （只用於雇主上訴）
代理人姓名 (如適用)： _____ 郵寄地址： _____ <div style="display: flex; justify-content: space-between; font-size: small;"> <span>街道號，公寓號，郵政信箱</span> <span>城市</span> <span>州</span> <span>郵遞區號</span> </div>	
<b>簽名</b> 上訴人或代理人： _____ 日期： _____	